June 2013

Polk Health Care Plan Formulary Drug List

The **Polk Health Care Plan Formulary Drug List** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with a prescription benefit program administered by WellDyneRx. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

Please note:

- To avoid the full cost payment associated with non-formulary drugs, please ask your prescriber to refer to this preferred drug list when prescribing medications for you and your dependents. Substitution of generic products is mandatory when available.
- For more information regarding your prescription benefit coverage and copay, please visit PolkHCP.welldynerx.com or contact a WellDyneRx Member Service representative.
- Any brand drug for which a generic product becomes available may be designated as a non-preferred product.
- Max benefit is $600 per prescription.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by WellDyneRx. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

Please note:

- The member's prescription benefit plan may have a different copay for specific products on the list.
- You can visit PolkHCP.welldynerx.com to get the most up to date information on the Formulary and copays.

ANTIDIABETIC AGENTS

INSULINS

LEVEMIR
NOVOLIN
NOVOLIN 70/30
NOVOLOG
NOVOLOG MIX 70/30

ORAL

glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glyburide
glyburide-metformin
glyburide-micronized
metformin
metformin ext-rel

SUPPLIES

BAYER BREEZE 2 TEST STRIPS AND KITS **QL**
BAYER MICROLET LANCETS **QL**
MONOJECT INSULIN SYRINGES **QL**

ALLERGY, COUGH AND COLD

ANTIHISTAMINE / DECONGESTANTS

cyproheptadine
diphenhydramine
hydroxyzine HCl
hydroxyzine pamoate
promethazine

EXPECTORANT AND COUGH PRODUCTS

dextromethorphan-brompheniramine-pseudoephedrine
guaifenesin

NASAL CORTICOSTEROIDS

fluticasone

ANTI-INFECTIVE AGENTS

ANTHELMINTICS

ALBENZA

ANTIBIOTICS CEPHALOSPORINS

cefadroxil
cefdinir
cephalexin

MACROLIDES

azithromycin
clarithromycin
erythromycin

PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

QUINOLONES

ciprofloxacin

SULFONAMIDES

sulfamethoxazole-trimethoprim

TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

ANITFUNGALS

nystatin

ANTIVIRALS

acyclovir

MISCELLANEOUS

metronidazole

AUTONOMIC & CENTRAL NERVOUS SYSTEM AGENTS

ANALGESICS, NONSTEROIDAL ANTI-INFLAMMATORY

ibuprofen
indomethacin
ketorolac tromethamine **QL**
meloxicam
naproxen
piroxicam

ANTICONVULSANTS

carbamazepine
clonazepam
divalproex sodium delayed-rel
gabapentin
lamotrigine
phenobarbital
phenytoin
valproic acid

ANTIPARKINSON AGENTS

benzfropine
carbidopa-levodopa
selegiline
trihexyphenidyl

ANXIOLYTICS, SEDATIVES & HYPNOTICS

alprazolam
buspirone HCl
chloral hydrate
lorazepam
temazepam
triazolam

CEREBRAL STIMULANTS

amphetamine dextroamphetamine
methylphenidate
methylphenidate ext-rel

DMARDs

azathioprine
hydroxychloroquine
leflunomide
methotrexate

MIGRAINE AGENTS

isometheptene-dichloralphenazone-acetaminophen
sumatriptan **QL**

PAIN MANAGEMENT

Post-surgical generic pain medication is available with prior authorization (PA) for a period of 15 days after surgery.

Your specific prescription benefit plan design may not cover certain categories or all strengths of medications listed, regardless of their appearance in this document. For specific information contact a WellDyneRx Member Service Representative at **(877) 602-POLK (7655)**

PSYCHO-THERAPEUTIC AGENTS

ANTIDEPRESSANTS
amitriptyline
bupropion
bupropion sr
citalopram
doxepin
fluoxetine
imipramine
mirtazapine
nortriptyline
paroxetine hcl
sertraline
trazodone
venlafaxine

ANTIMANIC AGENTS
lithium carbonate

ANTIPSYCHOTIC AGENTS
chlorpromazine
fluphenazine hcl
haloperidol
thioridazine
thiothixene

CARDIOVASCULAR AGENTS

ALDOSTERONE ANTAGONISTS
spironolactone

ANGIOTENSIN II RECEPTOR ANTAGONISTS
losartan **ST/ QL**
AVALIDE **ST/ QL**
AVAPRO **ST/ QL**

ACE INHIBITORS
benazepril
captopril
enalapril maleate
lisinopril
quinapril
ramipril

ANTI-ADRENERGIC AGENTS – BETA-ADRENERGIC BLOCKERS
atenolol
carvediol
metoprolol
metoprolol succinate ext-rel
propranolol

ANTI-ADRENERGIC BLOCKERS CENTRALLY ACTING
clonidine

ANTI-ADRENERGIC BLOCKERS PERIPHERALLY ACTING
doxazosin
prazosin

ANTIARRHYTHMICS
amiodarone
digoxin

ANTICOAGULANTS / ANTITHROMBOTICS
clopidogrel
ticlopidine
warfarin

ANTILIPEMICS
gemfibrozil
lovastatin
pravastatin
simvastatin

CALCIUM CHANNEL BLOCKERS
amlodipine
diltiazem
nifedipine
nifedipine ext-rel
verapamil
verapamil ext-rel

COMBINATION ANTIHYPERTENSIVES
amlodipine-benazepril

DIURETICS
amiloride
bumetanide
furosemide
hydrochlorothiazide
metolazone
triamterene hydrochlorothiazide

VASODILATORS
dipyridamole
hydralazine
isosorbide dinitrate
minoxidil
nitroglycerin
nitroglycerin-transdermal
NITROSTAT

CONTRACEPTIVES

MONOPHASIC
apri
aviane
cryselle-28
junel
lessina-28
levora
low-ogestrel
microgestin fe
mononessa
nortrel
portia-28
previfem
sprintec 28
zovia

BIPHASIC
kariva

TRIPHASIC
cesia
enpresse-28
nortrel
trinessa
tri-previfem
tri-sprintec
trivora-28
velivet

PROGESTIN ONLY
nora-be

CORTICOSTEROIDS

cortisone acetate
prednisone

DERMATOLOGICALS

ANTIBIOTICS
metronidazole
mupirocin
silver sulfadiazine

TOPICAL ANTI-INFLAMMATORY AGENTS
desonide
diflorasone diacetate
fluocinolone acetonide
fluocinonide
hydrocortisone
triamcinolone acetonide

OTHER DERMATOLOGICALS
nystatin-triamcinolone
permethrin
selenium sulfide shampoo

ELECTROLYTES

POTASSIUM REPLACEMENT
potassium chloride
KLOR-CON

GASTROINTESTINAL AGENTS

ANTIEMETIC / ANTIVERTIGO
meclizine
prochlorperazine maleate
promethazine
trimethobenzamide

ANTISPASMODIC / GI MOTILITY
belladonna alkaloids-phenobarbital
chlordiazepoxide-clidinium
dicyclomine
diphenoxylate-atropine
metoclopramide

ANTIULCER
cimetidine
pantoprazole
ranitidine
sucralfate

OTHER GI PRODUCTS
hydrocortisone
lactulose
sulfasalazine
sulfasalazine EC

GOUT AGENTS

allopurinol

HORMONES

ANTIESTROGENS / ANTIANDROGENS
finasteride
flutamide
tamoxifen

ESTROGENS
estradiol
estropipate

PROGESTINS
medroxyprogesterone

OPTHALMICS

ANTI-GLAUCOMA AGENTS
atropine sulfate
brimonidine

ANTI-INFECTIVE / ANTIVIRAL AGENTS
erythromycin
gentamicin
neomycin-polymyxin B-bacitracin
neomycin-polymyxin B-gramicidin
ofloxacin
sulfacetamide
trifluridine

ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS
neomycin-polymyxin B-dexamethasone oint
tobramycin-dexamethasone solution
TOBRADEX OINT

ANTI-INFLAMMATORY AGENTS
diclofenac sodium
flurbiprofen sodium
prednisolone acetate
prednisolone sodium phosphate 1%

BETA-BLOCKERS
carteolol
levobunolol
timolol

CARBONIC ANHYDRASE INHIBITORS
dorzolamide

OSTEOPOROSIS AGENTS

alendronate

OTICS

ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS
neomycin-polymyxin B-hydrocortisone

RESPIRATORY/ ASTHMA

ANTI-ASTHMATIC AGENTS CORTICOSTEROIDS
QVAR

SYMPATHOMIMETICS
albuterol
metaproterenol
FORADIL
PROAIR HFA

XANTHINE DERIVATIVES
theophylline anhydrous

SKELETAL MUSCLE RELAXANTS

baclofen
cyclobenzaprine
diazepam
methocarbamol

THYROID AND ANTITHYROID AGENTS

levothyroxine
propylthiouracil
levothroid

URINARY AGENTS

nitrofurantoin
oxybutynin
phenazopyridine
potassium citrate
trimethoprim

VAGINAL PREPARATIONS

metronidazole
nystatin
PREMARIN

MISCELLANEOUS AGENTS

cyclophosphamide
pentoxifylline

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QUICK REFERENCE DRUG LIST

A
acyclovir
ALBENZA
albuterol
alendronate
allopurinol
alprazolam
amiloride
amiodarone
amitriptyline
amlodipine
amlodipine-benazepril
amoxicillin
amoxicillin-clavulanate
amphetamine-
dextroamphetamineapri
atenolol
atropine sulfate
AVALIDE **ST/ QL**
AVAPRO **ST/ QL**
aviane
azathioprine
azithromycin

B
baclofen
BAYER BREEZE 2 TEST STRIPS AND KITS **QL**
BAYER MICROLET LANCETS **QL**
belladonna alkaloids-phenobarbital
benazepril
benztropine
brimonidine
bumetanide
bupropion
bupropion sr
buspirone hcl

C
captopril
carbamazepine
carbidopa-levodopa
carteolol
carvedilol
cefadroxil
cefdinir
cephalexin
cesia
chloral hydrate
chlordiazepoxide-clidinium
chlorpromazine
cimetidine
ciprofloxacin
citalopram
clarithromycin
clopidogrel
clonazepam
clonidine
cortisone acetate
cryselle-28
cyclobenzaprine
cyclophosphamide
cyproheptadine

D
desonide
dextromethorphan-brompheniramine-pseudoephedrine
diazepam
diclofenac sodium
dicloxacillin
dicyclomine
diflorasone diacetate
digoxin
diltiazem
diphenhydramine
diphenoxylate-atropine
dipyridamole
divalproex sodium delayed-rel
dorzolamide
doxazosin
doxepin
doxycycline hyclate

E
enalapril maleate
enpresse-28
erythromycins
estradiol
estropipate

F
finasteride
fluocinolone acetonide
fluocinonide
fluoxetine
fluphenazine HCl
flurbiprofen sodium
flutamide
fluticasone
FORADIL
furosemide

G
gabapentin
gemfibrozil
gentamicin
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glyburide
glyburide-metformin
glyburide-micronized
guaifenesin

H
haloperidol
hydralazine
hydrochlorothiazide
hydrocortisone
hydroxychloroquine
hydroxyzine HCl
hydroxyzine pamoate

I
ibuprofen
imipramine
indomethacin
isomethepteneene-dichloralphenazone-acetaminophen
isosorbide dinitrate

J
junel

K
kariva
ketorolac tromethamine **QL**
KLOR-CON

L
lactulose
lamotrigine
leflunomide
lessina-28
LEVEMIR
levobunolol
levora
levothroid
levothyroxine
lisinopril
lithium carbonate
lorazepam
losartan **ST/ QL**
lovastatin
low-ogestrel

M
meclizine
medroxyprogesterone
meloxicam
metaproterenol
metformin
metformin ext-rel
methocarbamol
methotrexate
methylphenidate
methylphenidate ext-rel
metoclopramide
metolazone
metoprolol
metoprolol succinate ext-rel
metronidazole
microgestin fe
minocycline
minoxidil
mirtazapine
MONOJECT INSULIN SYRINGES **QL**
mononessa
mupirocin

N
naproxen
neomycin-polymyxin B bacitracin
neomycin-polymyxin B dexamethasone oint
neomycin-polymyxin B-gramicidin
neomycin-polymyxin B-hydrocortisone
nifedipine
nifedipine ext-rel
nitrofurantoin
nitroglycerin
nitroglycerin transdermal
NITROSTAT
nora-be
nortrel
nortriptyline
NOVOLIN
NOVOLIN70/30
NOVOLOG
NOVOLOG MIX 70/30
nystatin
nystatin-triamcinolone

O
ofloxacin
oxybutynin

P
pantoprazole
paroxetine HCl
penicillin VK
pentoxifylline
permethrin
phenazopyridine
phenobarbital
phenytoin
piroxicam
portia-28
potassium chloride
potassium citrate
pravastatin
prazosin
prednisolone acetate
prednisolone sodium phosphate 1%
prednisone
PREMARIN
previfem
PROAIR HFA
prochlorperazine maleate
promethazine
propranolol
propylthiouracil

Q
quinapril
QVAR

R
ramipril
ranitidine

S
selegiline
selenium sulfide shampoo
sertraline
silver sulfadiazine
simvastatin
spironolactone
sprintec 28
sucralfate
sulfacetamide
sulfamethoxazole trimethoprim
sulfasalazine
sulfasalazine ec
sumatriptan **QL**

T
tamoxifen
temazepam
tetracycline
theophylline anhydrous
thioridazine
thiothixene
ticlopidine
timolol
TOBRADEX OINT
tobramycin dexamethasone solution
trazodone
triamcinolone acetonide
triamterene hydrochlorothiazide
triazolam
trifluridine
trihexyphenidyl
trimethobenzamide
trimethoprim
trinessa
tri-previfem
tri-sprintec
trivora-28

V
valproic acid
velivet
venlafaxine
verapamil
verapamil ext-rel

W
warfarin

Z
zovia

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FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. Any brand drug for which a generic product becomes available may be designated as a non-preferred product. The member's prescription benefit plan may have a different copay for specific products on the list. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Contact a WellDyneRx Member Service Representative at **(877) 602-POLK (7655)** for more information.

[1]Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

PA Prior Authorization

QL Quantity Limits apply

ST Step Therapy required

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.